

(01/03)

DEQ – UST Program
Office of Spill Response and Remediation
P.O. Box 1105
Richmond, Virginia 23218
(804) 698-4010

Approved/Rejected By

PART II: CONTACT INFORMATION

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In the space provided below, indicate the amendment the owner is requesting:

- ☐ Change of owner name (write in new name in space below and attach proof of name change)
- ☐ Change of owner address (write in new address in space below)
- ☐ Change in release detection method for all active tanks at listed facilities (write in new method in space below)
- ☐ Other (write in requested amendment in space below)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I warrant and represent that I am the owner or that I have the authority to sign this certification on behalf of the owner.

Date _____

[illegible]

(Enter number of continuation pages attached: _____)